## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I/We hereby declare that:

My residence, post office address and citizenship are as stated near my name below.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled:

## A DRIVE CIRCUIT FOR AN INJECTOR ARRANGEMENT

which is descr	ribed and claimed in th	ne specification of which:	
(check one)		•	
$\boxtimes$	is attached hereto.		
	was filed on	, as	United States Application
Serial applicable) wa	Noas amended on	, Attorney Docket No	o. DP-XXXXXX, and (if
		contents of the above-ident ndment referred to in this D	ified specification, including eclaration.
			Office all information known to of Federal Regulations, Section
		er Title 35, United States Coventor's certificate or of any	de, §119(a)-(e) or 35 USC §120 PCT application(s):
COUN (OR II IF PC	NDICATE	APPLICATION NUMBER	DATE OF FILING (month, day, year)
PCT	1)	PCT/GB2004/004067	September 23, 2004

I hereby declare that all statements made above of my own knowledge are true, that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are

punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I/We hereby appoint the following attorneys and/or agent(s) with the Customer Number provide below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith with full power of substitution, association and revocation.

## **CUSTOMER NUMBER 22851**

ADDRESS ALL CORRESPONDENCE TO:

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